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TO: DMH Directly-operated / Contracted Clinic Managers,
DMH / Contracted Physicians
Data Entry Personnel

From: Wayland Chan, Pharm. D.
Director of Pharmacy Services

Gerald Ko, Pharm. D.
Pharmacy Services Administrator

Subject: **IMPLEMENTATION OF PATS EDIT –
INSTRUCTIONS FOR RESOLVING ERROR MESSAGES**

The DMH will be implementing a previously-described PATs edit and associated procedures as of this date. (See attached material.) Requirements for access to certain medication regimens will be changed. This will affect individuals for whom you are prescribing medication funded by DMH, and are taking concurrent prescriptions of two or more highly expensive, antipsychotic medications (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone). Continued full reimbursement of such prescriptions by DMH will require approval of the special Treatment Authorization Request. The following instructions will aid in dealing with error messages received during prescription entry.

The first change you will notice when entering prescriptions for these five drugs is that you may no longer add free text to the RX directions or "sig", and input any number for quantity. The system will automatically calculate the maximum quantity for a 30-day supply.

When entering an RX for any of the AAs, the system will automatically check to determine if any other AA has been dispensed within the last 21 days. The word "Dispensed" means to have been filled at a pharmacy. If another AA has been dispensed within 21 days, you will receive an error message stating, **"DUPLICATE DRUG CLASS TOO SOON; SUBMIT TAR"**. The system will not allow you to proceed (cannot be overridden); instead, MD must complete a TAR for the "Fund One" Project (Attached.) and fax to Pharmacy Services at the telephone number above. Two TARs are available:

One TAR, for the purpose of switching the client to a new drug within 21 days entitled *"Switch within 21 days"* requires all refills of the previous drug be discontinued. In order to do this, the physician must first be notified that all refills will be deleted, find the prescription for the previous AA, and use the *LOST/DISCONTINUED (L/D)* Function on the **PRES** screen to discontinue the medication.

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The other TAR for continued treatment with both drugs, is called “*continued polypharmacy*”. Discontinuing refills of the prior drug is NOT necessary.

The physician must submit the TAR that represents his/her decision for the client.

In addition, even if the client hasn’t had any prescriptions filled within 21 days, but has REFILLS remaining on prescriptions within the last 40 days, you will receive an error message stating, “**DUP DRG CLASS, MD MUST D/C DUP RX/SUBMIT TAR**”. In order to proceed, the physician must be notified; the prescription must be discontinued using the “LOST/DISCONTINUED (L/D)” function on the PRES Screen. Once the RX is discontinued, the system will allow the immediate entry of the new RX for another AA. If the physician decides to continue the prior AA and NOT discontinue all refills, a TAR must be submitted prior to entering the prescription.

In addition, the system will also check for NEW prescriptions for other AAs not dispensed within the last 30 days. If such a prescription is found, an error message will appear stating “**MD MUST DEL UNF DUP CLASS RX/SUBMIT TAR**”. In order to proceed, the unfilled RX must be deleted. (If unable to delete, must contact Pharmacy Services, (213) 738-4725). Once deleted, the new RX for another AA can immediately be entered. If the physician decides to continue the prior AA and not delete the prescription, a TAR must be submitted.

Please note: Submission of a TAR does not guarantee approval. If samples or vouchers are available at the clinic, they are to be used first - prior to RX entry into IS.

Please be reminded: Under no circumstances shall a clinic use the RESET function unless the pharmacy has verified the prescription was NOT filled.

The DMH “Fund One” project applies to uninsured clients only. Medi-Cal clients are not affected. Please make a best effort to verify Medi-Cal Eligibility.

GK: jt

c Roderick Shaner, M.D.